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OUT OF POCKET HEALTH CARE EXPENDITURE AMONG UNDER FIVE CHILDREN OF SQUATTER SETTLEMENTS OF KATHMANDU VALLEY

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Abstract Statement of the Problem: Out of Pocket payment (OOP) is the most regressive but still preferred health financing mechanism in many low-income countries including Nepal. Worldwide, around 200 million people are pushed into cyclical poverty wheels as a result of catastrophic health care expenses. Amidst the emergence of infectious disease, NCDs and urbanization, People of urban societies especially their children are at risk of having catastrophic illnesses. One in five families in urban area experienced catastrophic payment in Nepal. Also, Family with children pays substantially for health care than a family without children. This type of mechanism is difficult to deal with and lack of health financing mechanism is affecting the most vulnerable population of the city. The purpose of the study is to assess morbidity profile and the catastrophic nature of out of pocket expenditure on childhood illness in the urban squatters of Kathmandu Valley.

Methodology & Theoretical Orientation: An analytical quantitative study interviewed mothers of under five children to understand childhood illness and associated expenditure. Student's t test and ANOVA were used to find differential in mean OOP with predictors. Findings: Under five children was predominantly affected by illnesses (63%) prior to one month of the study. Majority of them (78%) were affected by respiratory health problems. In the study, about 12% households experienced catastrophic payment on under five health care (payment which shares more than 10% of family income on individual health care). Health facility type was the significant predictor of OOP in urban squatters.

Conclusion & Significance: Private providers were preferred for the treatment of acute illnesses where OOP was high in private. Household with lower monthly income had to spend more on treatment of their sick children. Hence, health care financing for the urban poor should emphasize to reduce health expenditure for common childhood morbidities.

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